

# Application for Construction Code Appeal

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Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Plan Review Division  
P.O. Box 30255, Lansing, MI 48909  
517/241-9328

Authority: 1972 PA 230

Agency Use Only

**Application Fee: \$200.00****Note: The applicant is responsible for all fees applicable to this application.**

FACILITY INFORMATION					
FACILITY NAME			ADDRESS		
NAME OF CITY, VILLAGE, TOWNSHIP IN WHICH FACILITY IS LOCATED				COUNTY	
CITY	VILLAGE	TOWNSHIP	OF:		
BUILDING DATA					
GROSS FLOOR AREA					
New Building _____		Addition _____		Alteration _____ Repair _____	
CLASSIFICATION PER BUILDING CODE					
Building Use _____		Construction Type _____		No. of Occupants _____ Area/Floor _____ No. of Floors _____	
PERMIT HOLDER					
NAME (Company or Individual)		CONTACT PERSON			TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER	
BUILDING OWNER					
NAME (Company or Individual)		CONTACT PERSON			TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER	
BUILDING PERMIT AUTHORITY					
ENFORCING AGENCY		NAME OF BUILDING OFFICIAL			TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER	
Summary of Appeal					
CODE SECTION(S)			Provide 7 copies of the following as appropriate:  STATEMENT OF FACTS AND REASONING  COPY OF ENFORCING AGENCY DETERMINATION  SUPPORTING MATERIAL  COPY OF DECISION OF LOCAL BOARD OF APPEALS  TRANSCRIPT OF LOCAL BOARD OF APPEALS HEARING		
DESIRED RELIEF (STATE BRIEFLY)					
BASIS OF APPEAL (STATE BRIEFLY)					
APPLICANT (Note: All correspondence will be sent to this address)					
NAME OF COMPANY		APPLICANT NAME			SOCIAL SECURITY NUMBER OR FEIN (REQUIRED)
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
APPLICANT SIGNATURE (Must be an original signature)			DATE		FAX NUMBER

Validation Area

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.